



Expert Advisory Committee

Healthcentric Advisors

235 Promenade Street, 5th floor, Providence RI

Minutes

September 10, 2013

8:00am – 9:30am

Attendees: Ted Almon, Paul Block, Abbe Garcia, Lou Giancola, Rich Glucksman, Chuck Jones, Rebecca Kislak, Beth Lange, Sam Salganik, Kathryn Shanley, Craig Syata, Don Wineberg, Chair.

I. Welcome and Introductions

Amy Black, HealthSource RI Staff welcomed Committee Members.

Ms. Black welcomed a new committee member, Sam Salganik, who was previously HealthSource RI's legal counsel.

II. Measuring our Success: Evaluation Plan Discussion, Part 2

Presented by Jennifer Schmidt, Wakely Consulting Group

Ms. Schmidt presented on HealthSource RI's leading indicators, measures from Exchange-dependent sources that are available almost immediately after the "go-live" date. Primary sources for these leading indicators include UHIP system enrollment reports and breakouts.

Discussion was organized around the leading indicators that are structured according to the five goals outlined in the Exchange's Strategic Plan.

Leading Indicators under Goal 1(Improve the Health of Rhode Islanders)

- There were no leading/weekly indicators identified for this goal but Committee Members discussed the need for baseline data and long-term measures, such as BMI, days in school, and employee productivity. A few members suggested developing more robust measures; especially in behavioral health and employee productivity, which one member suggested designing a new survey to measure.

- Committee members were also interested in seeing a draft of the monthly operational dashboard which measures how HealthSource RI is functioning as a business.
 - Ms. Black will send this out for Committee review in October.

Leading Indicators under Goal 2 (Achieve near Universal Coverage)

- The Committee inquired about federally-required Medicaid reporting and the possibility for HealthSource RI to integrate or include Medicaid data in its reporting.
- Members asked for clarification on a variety of issues: process of ID proofing, income and citizenship denials, time frame on termination for non-payment and APTC grace periods, religious exemption for health coverage, and rules for mixed eligibility households.
- New covered lives (in the context of uninsured lives, insured lives or QHP membership) was suggested as a monthly indicator, and pending and unsubmitted applications (as a percent of total enrollment) was suggested as a quality service indicator for the Exchange.
- Termination for non-payment and activation are almost always effective on the first of the month. The Committee recommended that termination should be considered in running monthly reports and dashboards.

Leading Indicators under Goal 3: (Favorably Impact Health Insurance Cost Trends)

- Committee Members raised concerns that premiums were not a meaningful weekly measure because of the variation in products and consumers (especially by age). Premiums could be tracked because they are important to the consumer, but a deeper analysis of this goal would be driven by claims data, requiring the APCD. Members suggested “difference in price of insurance with and without APTC” as a first month measure that could act as a top headline message to consumers.
- Comments from the Committee indicated that they would like to see total subsidy pay-out broken down by metal tier and that out-of-pocket spending should be tracked (could use MEPS annual tracking of individual OOP expenditure).
- Committee Members discussed how HealthSource RI could show an impact on medical cost trends. They suggested using the APCD to look at cost trends by product, carrier and provider type. Consumers and providers could also be invited to report data.

- Members expressed a desire to spend more time on this goal and consider changing wording to clarify if the goal is addressing trends in costs to consumers, providers or the state.

Leading Indicators under Goal 4 (Favorably Impact Health Care Delivery System Effectiveness and Efficiency)

- Committee members discussed an appropriate way to describe innovative plans offered through HealthSource RI: plans that may not appeal to the entire market but that can be selected by individuals who are interested. These plans are designed to decrease costs or improve quality, especially through the use of medical homes, tiered networks, and community health centers.
- Members also suggested that the measurement of enrollment in innovative plans, and breakdown of channel (call center vs. web vs. navigator) through which the individual enrolled would be useful.
- Further discussion is needed to discuss developing tactics to affect provider behavior, designing benefits to meet individual needs and adopting strategic goals operationally.

Leading Indicators under Goal 5 (Add Value to Employer Health Insurance Purchasing)

- Members discuss the process of pursuing legislative action to increase eligible employer size from 50 to 100. This will be automatic in 2016, but expanding earlier could drive business to HealthSource RI.

III. Public Comment

Amy Black, HealthSource RI staff asked if there was any public comment. Hearing none, the meeting was adjourned.